



The impact of COVID-19 on older persons

Asia Pacific regional report

June 2020



This is the first of a series of bimonthly reports on the impact of COVID-19 on older persons in the Asia Pacific region. Accompanying and supporting this regional report are three country briefs: for Myanmar, Pakistan and Vietnam. They are produced by HelpAge International with financial support from UNFPA's Regional Office for Asia and the Pacific. In a rapidly moving context, these bimonthly reports will aim to monitor secondary sources of evidence that illustrate changes in the situation of older people during 2020. They will also document how governments and others are responding to the challenges that older people face. Given the vast scale and diversity of the region, these periodic reports do not aim to be comprehensive and are not supported through a country-by-country search for information across the whole region. Rather, they are intended to identify emerging trends across Asia Pacific in broad strokes, with examples. Future reports will be supported by national-level briefs from additional countries in the region. To strengthen future reports, corrections, comments and additional pieces of evidence are welcome.

As part of an Asia-Pacific regional initiative, this HelpAge International brief summarises trends in the situation of older people and responses to their situation in the wake of the COVID-19 pandemic. Any parts of this publication may be reproduced without permission for non-profit and educational purposes. Please clearly credit HelpAge International and send us a copy or link.

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Executive summary

1. Changes in regional context

COVID-19 has spread across the region but with a highly variable rate of infection, showcasing inequities both within and across countries. Socially and economically disadvantaged people are more likely to have the underlying health conditions that lead to risk for severe health complications and are more likely to suffer from the secondary impacts of the pandemic. In an attempt to prevent spread of COVID-19, most countries have diverted health system resources to COVID-19. Finding a balance between controlling the spread of COVID-19 and addressing other health priorities will lead to difficult decisions, particularly in resource-constrained low- and middle-income countries (LMICs).

The macroeconomic pathways of the pandemic and lockdown are not yet very clear, but there is consensus that impacts will be severe. For example, the lasting consequences of major trends such as mass internal migration in countries such as India may not be known for some time. The World Bank says that the pandemic will erode living standards for years to come. With devastating economic and job losses, poverty and food insecurity are expected to rise sharply. The pandemic thus represents a setback to the Sustainable Development Goals – at least a temporary one. The United Nations University projects that the pandemic's impacts may threaten the goal of ending poverty by 2030 and reverse a decade of progress.

2. The situation of older persons

At this early stage, evidence about the impact of COVID-19 on older people specifically is still largely anecdotal or assessed by extrapolating from pre-pandemic evidence. Even with a scarcity of hard evidence, it is clear that older people in Asia Pacific are experiencing a wide range of serious impacts from the pandemic. But older people are not all equally vulnerable to COVID-19 and its effects. As with any large-scale crisis, the pandemic situation is exacerbating challenges people were facing before the crisis arising from social or economic disadvantage, or from physical, mental, cognitive and functional health difficulties. Direct and secondary impacts are grouped here into three broad categories: impacts on health and care, income, and social issues.

Health and care

Despite wide recognition of age as a key risk factor in COVID-19 mortality, global and regional level surveillance is not disaggregated by age. The high case fatality rate among older people is partly but not totally due to high prevalence of underlying conditions. It may be some time before research confirms the reasons why older people are at such high risk. For the region's older population as a whole, the secondary impacts of the pandemic are having an even greater effect on their health than COVID-19. These secondary impacts include disruption to non-communicable disease prevention, screening and management, as well as reduced income, restricted movement, social isolation and/or loneliness and stress.

Residential care homes have been hit particularly hard by COVID-19 in Europe and North America, but Asian countries have largely escaped the worst-case scenarios. Yet people with care needs and their family carers in LMICs are largely under the radar of government COVID-19 support, despite having the highest risks. Systemic weaknesses raise questions about the sustainability of current largely uncoordinated and poorly regulated systems of long-term care.

Income security

Older people's income security rests on three main sources: work, family support and pensions. Even before the pandemic, many older people lived in struggling households. Now, the loss of working hours, jobs and salary are impacting older people directly and indirectly. While the evidence so far is patchy and anecdotal, the impact on older people's income is a result of reduced income from work and reduced support from family members. Older people in Asia Pacific work mainly in the informal sector, which provides little protection against income shocks and is being hit particularly hard by COVID-19. Family support is important but often inadequate and likely to be put under further pressure.

Pensions are designed to guarantee income security in older age, but in many countries they currently do not fill the gaps left by the loss of income from work and family support in the current crisis. Countries in Asia without universal or near-universal social pensions struggle to expand pension coverage beyond civil servants and often small formal private sector employees. Given the limited coverage and low benefit levels of most pension systems in LMICs in Asia Pacific, it is clear that older people's income security will be under threat for the foreseeable future.

Social issues

Many of the social risks older people face during the pandemic have not been well documented yet in Asia. While the global COVID-19 narrative largely played out in Western countries, they have substantially different living arrangements compared to those of Asia Pacific. Older people in Asia are more likely to live in larger households and less likely to live in residential care homes. Living arrangements affect transmission patterns as well as experience with social isolation. Lockdown at home may raise risks of violence, abuse and neglect against older people, but cases are notoriously difficult to document and most of the discussion so far has been about younger groups. Care duties globally are generally carried out by women, and the related workloads and risks tend to rise during pandemics.

Perhaps the most widely discussed issue related to age discrimination in Asia has been the selective restriction of movement on older people in some countries. Prominent cases include the Philippines and India. "Shielding" of older people, based on the sole criterion of chronological age, is also being debated beyond Asia.

The spread of COVID-19 among refugees and internally displaced persons has been less extensive than feared, so far, though serious risks remain. Of particular concern has been the Rohingya refugee camps in Bangladesh, which are characterised by crowded living conditions and limited health care capacity.

3. Responses addressing the older population

Despite the current higher global profile of older people because of their risk from COVID-19, responses directly targeted at older people have been limited. Emerging responses in Asia Pacific are led by various actors:

Government

Two key targets of government responses to COVID-19 have been health care to respond to COVID-19 and social protection systems. Countries with universal health coverage have fared better overall, in part because of their citizens can more easily access health care, including testing and treatment for COVID-19. Older people have been specifically targeted with public health information on COVID-19, but the reach is incomplete in part because of lower use of technology, lower literacy rates and higher rates of disability among older people. At the moment, an uptick in telehealth in LMICs seems to be mainly benefiting those with private health insurance or means to pay out of pocket.

Countries with established long-term care systems are working to protect older people in residential and home and community-based settings. For example, care homes in Japan, Korea and Singapore have largely prohibited visitors, and put heightened protection measures in place.

Governments across the world have rushed to adapt, expand and strengthen national social protection systems in response to COVID-19, particularly through cash transfers. Asian social protection responses have so far largely been based on existing poverty-targeted social assistance schemes and poverty registries. While older people are hardest hit by the pandemic, Asia and Pacific lags behind in terms of focusing on older people, despite being the fastest ageing continent. Of the 50 countries that have adapted pension systems during this crisis, only 8 are in Asia and the Pacific.

UN, multilateral and bilateral bodies

The multilateral banks' COVID-19 financing will benefit older people through funding for national services such as health care and social assistance. The World Bank and Asian Development Bank both announced substantial packages of loans, grants and technical assistance for countries. Bilateral development assistance indirectly supports older people, although typically, little of it is directly targeted at ageing-related issues.

The three key components of UN response to COVID-19 are the Global Humanitarian Response Plan (GHRP); WHO's Strategic Preparedness and Response Plan (SPRP); and the UN Socio-Economic Framework. Older people are generally described as one of the most affected groups, particularly by the disease itself. Given the prominence of older people's issues in the pandemic, various UN agencies have issued documents related to older people and COVID-19. The most prominent has been the Secretary General's "Policy Brief: The Impact of COVID-19 on Older Persons". In light of the COVID-19 pandemic, UNFPA is focusing on human rights, health and protection of older persons. Other UN agencies reference older people, although generally not in detail.

Civil society bodies

The NGO sector as a whole has received very little new money for COVID-19 response. Anticipated large-scale humanitarian funding for NGOs to address the impacts of the pandemic has so far failed to materialise. International NGOs typically do not separately target older persons in their responses, but older people benefit from support to households.

The main group of NGO actors specifically addressing the issues of older people is HelpAge International and its network members. HelpAge has reoriented existing programming as possible to address emerging needs. HelpAge and its network members are also carrying out a series of rapid needs assessments of older people in seven countries.

Much of the frontline response to older people's needs comes from civil society groups in communities. Older people's associations across the region have been able to independently assist older people, even when external actors have not been able to reach communities.

Private sector

The private sector is fragmented, but businesses have been involved in various types of COVID-19 response. Their engagement has come through the provision of products and services and corporate social responsibility activities, and some are looking ahead towards commercial opportunities arising from the pandemic. For example, the public and private sectors have intensified interest in expanding telemedicine based on adaptations that proved promising during the pandemic, led by early adopters such as China and Singapore.

Abbreviations

ADB	Asian Development Bank
COVID-19	Corona Virus Disease 2019
EAP	East Asia and the Pacific
ECA	Europe and Central Asia
ESCAP	Economic and Social Commission for Asia and the Pacific
EU	European Union
GDP	Gross Domestic Product
GHRP	Global Humanitarian Response Plan
HIC	High-Income Country
ICPD	International Conference on Population and Development
IMF	International Monetary Fund
ILO	International Labour Organization
JAGES	Japan Gerontological Evaluation Study
LIC	Low-Income Country
LIFT	Livelihoods and Food Security Fund
LMICs	Low- and Middle-Income Countries
MIC	Middle-Income Country
MMK	Myanmar Kyat
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
OOP	Out of Pocket Payments
PwD	Person with Disabilities
SAR	South Asia
SDGs	Sustainable Development Goals
SPRP	Strategic Preparedness and Response Plan
UK	United Kingdom
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
US	United States
USD	United States Dollars
VHV	Village Health Volunteers
VND	Vietnamese Dong
WFP	World Food Programme
WHO	World Health Organization

1. Changes in regional context

COVID-19 disease situation and health trends

COVID-19 has spread across the region with a highly variable rate of infection by city and country. Cases of COVID-19 have been reported in all countries in Asia Pacific apart from the Democratic People's Republic of Korea and 10 Pacific Island Countries.¹ Inconsistency in testing and reporting make it difficult to compare reporting between countries. There are many questions about where and why COVID-19 is having the greatest impact in terms of incidence and severity of cases. Nonetheless, based on World Health Organization (WHO) reporting as of 7 June 2020, a handful of countries have current outbreaks characterised by community transmission (e.g. Bangladesh, Indonesia, Iran, Philippines).² Some countries continue to have regular reporting of new cases which are largely confined to clusters of cases (e.g. Malaysia, Japan, Singapore). Other countries seem to have effectively managed to prevent spread of COVID-19 for the present (e.g. Vietnam, Thailand, Sri Lanka). Countries have put into effect a variety of public health measures to curtail COVID-19. By end May and early June, many countries were easing restrictions in a phased process.

COVID-19 responses are having unintended secondary impacts on health. In an attempt to prevent spread of COVID-19, most countries have diverted health system resources including staff, research, facilities, supply chains and budget to COVID-19. They have paused in-person preventative and routine healthcare services and community-based services. Fear of contracting COVID-19 reduced demand for services as well. The impact of COVID-19 on work and income means that many people cannot afford medicines or health care services, a trend that may continue as economies suffer. The downstream effects of this disruption may not be known for some time. From delayed vaccinations to reduced screening to paused management and treatment of diseases, global mortality will certainly be affected beyond just the number of deaths due to COVID-19.³ The pandemic and its secondary effects are unequally distributed, showcasing the weaknesses and inequities both within and across countries. Finding a balance between controlling the spread of COVID-19 and addressing other health priorities will lead to difficult choices, particularly in resource-constrained low- and middle-income countries (LMICs). High income countries have been much better equipped through their health and social protection systems to protect their populations from the worst effects.

Socioeconomic trends

The macroeconomic pathways of the pandemic and lockdown are not yet very clear, but there is consensus that the impact will be severe. Economic projections from the earlier months of the pandemic were increasingly seen as too optimistic and downgraded. East and Southeast Asia face somewhat larger economic declines compared to South Asia and Central Asia because of heavy reliance on trade and tourism.⁴ The International Monetary Fund (IMF) says that growth in Asia will stall at zero percent in 2020, and this projection will probably be reduced further.⁵ The World Bank says that the pandemic "is leading to the deepest global recession since the second world war" and "is likely to exert lasting damage to fundamental determinants of long-term growth prospects, further eroding living standards for years to come."⁶ The national lockdowns and other measures are expected to result in heavy job losses. The International Labour Organization (ILO) estimates that 4 out of 5 of the 3.3 billion workers globally will be effected by partial or total loss of income.⁷ For Asia, the ADB projects that between 109 million and 167 million jobs will be lost, almost 70 per cent of total employment losses globally.⁸ (The effects on older people's work are discussed below.)

With such devastating economic and job losses, poverty and food insecurity are expected to rise sharply. The ADB projects its developing member countries will have an additional 34 million to 185 million extreme poor due to the pandemic, depending on the scale of the economic decline

¹ [COVID-19 surveillance data](#). WHO, Explore the Data, accessed 8 June 2020.

² [Coronavirus-19 Situation Report No. 139](#). WHO, 7 June 2020.

³ [Balancing the COVID-19 Response with Wider Health Needs: Key Decision-Making Considerations for Low- and Middle- Income Countries](#). Center for Global Development, 8 May 2020.

⁴ [An Updated Assessment of the Economic Impact of COVID-19](#). ADB, May 2020.

⁵ [COVID-19 Pandemic and the Asia-Pacific Region: Lowest Growth Since the 1960s](#). IMF Blog, April 15, 2020.

⁶ [Global Economic Prospects](#). World Bank, June 2020.

⁷ [ILO Monitor 2nd edition: COVID-19 and the world of work](#). ILO, 7 April 2020.

⁸ [An Updated Assessment of the Economic Impact of COVID-19](#). ADB, May 2020.

resulting from COVID-19.⁹ The United Nations University also projected increases in the number of people living in poverty, based on various scenarios of economic contractions and poverty thresholds. Assuming a 10 per cent contraction in income or consumption, 80–85 per cent of the additional people living in extreme poverty (US\$1.9/day) would be located in two regions: Sub Saharan Africa and South Asia. Under a higher poverty line (US\$3.2/day), still about two-thirds of the new world's poor would be residing in these two regions, but East Asia and Pacific would account for around 20 per cent of the total.¹⁰ The World Food Programme (WFP) projects 130 million more people in LMICs may experience severe hunger this year as a result of the impacts of COVID-19,¹¹ with Bangladesh, Afghanistan and the Democratic People's Republic of Korea particularly high risk in Asia.

The pandemic thus represents a setback to the Sustainable Development Goals – at least a temporary one. Even before the pandemic hit, the region was not on track to reach its SDG targets without accelerated action.¹² In the short term, the pandemic has already had “tangible effects” on SDG 8, decent work and economic growth, and highlighted the importance of SDG 3, good health and wellbeing.¹³ United Nations University estimates show that “COVID poses a real challenge to the UN Sustainable Development Goal of ending poverty by 2030 because global poverty could increase for the first time since 1990 and, depending on the poverty line, such increase could represent a reversal of approximately a decade in the world's progress in reducing poverty.”¹⁴

The various relationships between COVID-19 and population dynamics and demographics are still being unpacked. There have been multiple narratives on the likely impact of COVID-19 on LMICs. One narrative is that the pandemic would devastate LMICs even more harshly than the high-income countries (HICs) of Europe and North America.¹⁵ The main argument behind this narrative is that the weak health systems in LMICs would be unable to cope with rapidly spreading infection, particularly in light of their populations' poor health profile. A second narrative is that LMICs would largely escape the devastation faced by HICs because of younger demographic profiles.¹⁶ WHO Africa suggested that Africa's lower mortality rate may be partly the result of demography and that the continent's “youth dividend is paying off and leading to fewer deaths.”¹⁷ But it has become clear that demography is only one of many variables at play.¹⁸ For example, highly aged Japan, Korea and Singapore have not suffered to the same extent as many European HICs. Speculation and research continue into why Asian countries in general have so far escaped a similar hit as the Western pandemic epicentres.¹⁹ ²⁰ Another major demographic upheaval is substantial urban-to-rural migration in countries such as India, resulting from lockdown measures and economic shocks.²¹ The patterns and impact of internal migration will be an important trend to watch in coming weeks and months.

2. The situation of older persons

Even with a scarcity of hard evidence, it is clear that older people in Asia Pacific are experiencing a wide range of serious impacts from the pandemic. Pending new research, COVID-19 reports and briefings by UN agencies, governments, international organisations, INGOs and academics are often based on extrapolation of the pre-pandemic situation and experience from past

⁹ Ibid.

¹⁰ [Estimates of the impact of COVID-19 on global poverty](#). United Nations University, April 2020.

¹¹ [COVID-19 Level 3 Emergency: External Situation Report #08](#). WFP, 22 May 2020.

¹² [Asia and the Pacific SDG Progress Report 2020](#). ESCAP, 25 March 2020.

¹³ According to Kanni Wignaraja, UN assistant secretary-general and director of the UNDP regional bureau for Asia and the Pacific. ‘COVID-19 will unsettle SDG targets in Asia-Pacific countries’. SciDevNet, 22 March 2020.

¹⁴ [Estimates of the impact of COVID-19 on global poverty](#). United Nations University, April 2020.

¹⁵ [Bearing the brunt of COVID-19: older people in low and middle income countries](#). The BMJ, 13 March 2020.

¹⁶ [Demographic science aids in understanding the spread and fatality rates of COVID-19](#). Proceedings of the National Academy of Sciences (PNAS), 5 May 2020.

¹⁷ [Africa COVID-19 cases top 100 000](#). WHO Regional Office for Africa, 22 May 2020.

¹⁸ [In the developing world, the coronavirus is killing far more young people](#). Washington Post, 23 May 2020

¹⁹ [Researchers ponder why COVID-19 appears deadlier in the U.S. and Europe than in Asia](#). Washington Post, 28 May 2020.

²⁰ National Transfer Accounts researchers are exploring generational variations in the pandemic's impact and potential responses. Virtual conference: “Assessing the socio-economic Implications of COVID-19 through National Transfer Accounts.” UNFPA, 9 June 2020.

²¹ [Migrant workers and the COVID-19 pandemic](#). FAO, 7 April 2020.

crises. Sometimes evidence from one part of the world is extrapolated to another, often from HICs to LMICs. Gradually, pandemic-specific evidence will emerge in the coming weeks and months.

Older people are not all equally vulnerable to COVID-19 and its effects. As with any large-scale crisis, the pandemic situation is exacerbating challenges people were facing before the crisis arising from social or economic disadvantage, or from physical, mental, cognitive and functional health difficulties.^{22 23} These include older people living on limited income; older people who are displaced; older people living with disability, chronic diseases, dementia, or mental illness; older people serving as carers for other relatives; older people who live alone; older people who do not have children; older women who have experienced systemic and social discrimination over the lifecourse; older people who have no or low literacy; and older people experiencing violence, abuse and neglect. The case of older prisoners has also been low profile.²⁴ These kinds of challenges often intersect, so that many older people face multiple challenges while others are less impacted. The economic and social disruptions caused by the pandemic, and responses to control it, are likely compounding these challenges for greater numbers of older people.

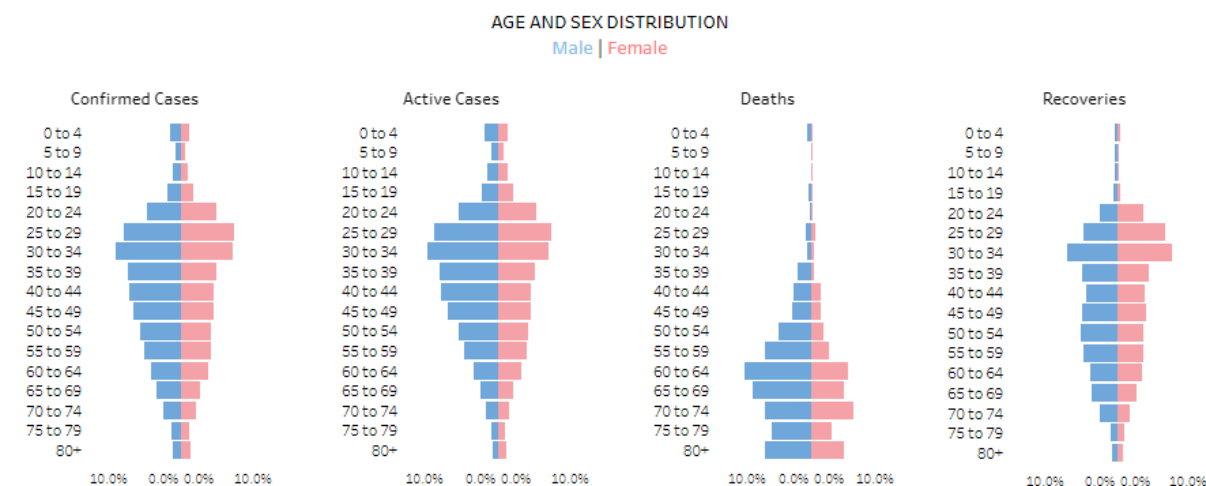
This section groups both direct and secondary impacts broadly into three categories: (1) impacts on health and care, (2) impacts on income and (3) impacts on social issues.



Health and care

Despite wide recognition of age as a key risk factor in COVID-19 mortality, global and regional level surveillance data is not disaggregated by age. Early reporting from WHO using available country data found that older ages are strongly correlated with mortality from COVID-19. The crude fatality rate was reported at 3 per cent by the WHO in April, rising with age to over 15 per cent for those over the age of 80.²⁵ However, regional and global COVID-19 surveillance data on websites including WHO, Johns Hopkins University and Worldometer do not disaggregate by age. At national level, age-disaggregated data is often available, and bears out the global trend of high case fatality rates among older people. For example, as illustrated in the figure below, most of the 21,000+ COVID-19 cases in the Philippines have been among those aged 20–64, but the vast majority of deaths have been among those 50+. Those older than age 80 account for only 1.9 per cent of cases but 12.5 per cent of deaths.²⁶ Inconsistencies in testing and reporting and a lack of analysis of data by these factors make it difficult to draw conclusions on COVID-19 fatality by age across the world.

Philippines: Age and sex distribution of COVID-19 cases by age and sex as of 8 June 2020



Data sources: Confirmed case data from the Epidemiology Bureau (EB).
Tableau Public visualization designed in collaboration with Nel Jason Haw and Thinking Machines Data Science.

²² [The Impact and Policy Responses of COVID-19 in Asia and the Pacific](#). UNESCAP, accessed 10 June 2020.

²³ [Poverty and Distributional Impacts of COVID-19: Potential Channels of Impact and Mitigating Policies](#). World Bank, 16 April 2020.

²⁴ [Asia's next coronavirus flashpoint? Overcrowded, neglected prisons](#). This Week in Asia, 10 May 2020.

²⁵ [COVID-19 Strategy Update](#). World Health Organization, 14 April 2020.

²⁶ [COVID-19 Tracker](#). Philippines Department of Health accessed 8 June 2020.

The high case fatality rate among older people is partly but not totally due to high prevalence of underlying conditions. A modelling study estimated that 66 per cent of those over 70 have at least one of the underlying conditions associated with higher COVID-19 mortality rates.²⁷ However, a recent evaluation of National Health Service data in the UK found that even when controlling for underlying conditions, age was the biggest single risk factor for mortality due to COVID-19.²⁸ Some suggest that weaker immune systems, particularly among those over 70, may explain high mortality among older people, but it may be some time before research confirms the reasons.

The secondary impacts of the pandemic are having an even greater effect than COVID-19 on the health of older population as a whole. While only a small percentage of the total older population of Asia has contracted or died from COVID-19, nearly every older person will have been affected by one or more of the secondary impacts of the pandemic. These secondary impacts include reduced income, restricted movement, social isolation and/or loneliness, stress, and delayed or paused access to other health services. In particular, disruption to non-communicable disease (NCD) prevention, screening and management is harmful to many older people. A WHO survey of the impact of COVID-19 on prevention and treatment of non-communicable diseases in 155 countries found a major trend of disruption of NCD services in this period. The disruption impacted all countries but particularly LMICs. Among these countries, 94 per cent reported staff being reassigned to respond to the pandemic; about half had partial or complete disruption of hypertension and diabetes treatment; and cancer treatment and cardiovascular emergencies were likewise affected.²⁹ In India, 30 per cent fewer cardiac emergencies in rural areas reached the hospital in March 2020 compared to the previous year.³⁰ In Myanmar, Pakistan and Vietnam, key informant interviews confirmed disruption of services and an increase in older people who are unable to afford medicines, transport or health care fees.³¹



Social isolation and stress can have serious impacts on the physical, mental and cognitive health of older people, but little new evidence is available in Asia so far. A growing body of evidence proves the impact of social isolation and loneliness on a range of factors for health and wellbeing. Longitudinal surveys conducted by the Japan Gerontological Evaluation Study (JAGES), for example, have shown that people who are socially isolated have an earlier onset of dementia, functional decline and higher rates of depressive symptoms.³² Applying existing knowledge of social isolation to the current social distancing measures, the UN policy brief on mental health and COVID-19 identifies older adults as high risk for mental health and psychosocial support needs.³³ In China, a national survey of mental health and psychological stress during the COVID-19 crisis found that about 35 per cent of the 53,000+ respondents reported psychological distress, with women, 18-30 year olds, and older people reporting this at higher rates.³⁴ Other surveys have also confirmed the prediction that mental health and psychological impact of COVID-19 crisis is a common and concerning issue.^{35 36}

Older people with disabilities and those with care needs, including those living with dementia, are particularly at risk from the pandemic. Prevalence of disability and care need rises with age and intersects with the underlying conditions which are also a key COVID-19 risk factor. The World Health Survey of 43 countries in 2015 found that age was the biggest influencing factor on

²⁷ [Policy Brief: Impact of COVID-19 on Older Persons](#). United Nations, May 2020.

²⁸ [OpenSAFELY: factors associated with COVID-19 related hospital death in the linked electronic health records of 17 million adult NHS patients](#). Williamson et al. MedRxIV, 6 May 2020.

²⁹ [COVID-19 significantly impacts health services for non-communicable diseases](#). WHO, 1 June 2020.

³⁰ [Rapid Assessment of Service Delivery for NCDs during the COVID-19 Pandemic](#). WHO, 29 May 2020.

³¹ See Pakistan, Vietnam and Myanmar analytical briefs attached to this report.

³² Experience of JAGES with the Community-based Management Support System. Dr Yuma Fujinami. PowerPoint presentation, 4 June 2020. PDF of PowerPoint slides available.

³³ [Policy Brief: COVID-19 and the Need for Action on Mental Health](#). United Nations, 13 May 2020

³⁴ [A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations](#). General Psychiatry, 1 April 2020.

³⁵ [Initial psychological impact of COVID-19 and its correlates in Indian Community: An online \(FEEL-COVID\) survey](#). PLOSOne, 29 May 2020.

³⁶ See Pakistan analytical briefs attached to this report.

disability, with 3 in 5 people aged 80 and above reporting a disability compared to 1 in 5 people aged 50–59.³⁷ A rapid assessment of people with disabilities in Vietnam in May found that 70 per cent found it challenging to access health services including medicine and check-ups.³⁸ Previous experiences have shown that many people with disabilities have reduced access to information; face barriers to accessing health, care and other systems; and face prejudice, stigma and discrimination.³⁹

Residential care homes have been particularly hard hit by COVID-19 in Europe and North America, but Asian countries have largely escaped the worst-case scenarios. Residential care homes are far less widespread in Asia, only present in large numbers in high-income countries in the region. Yet, even in countries such as Singapore, Korea and Japan which have COVID-19 spread, high numbers of older-olds and a large number of residential care facilities, the impacts have been comparatively muted. High rates of mortality seen in other parts of the world have not been reported. Yet when COVID-19 enters a care home, the results are still deadly. In Korea, only 500 people have died from COVID-19, but almost half of those deaths were of people who contracted COVID-19 in care homes or care hospitals. People testing positive for COVID-19 in Korean nursing homes were removed to hospital, limiting spread of infection within care facilities.⁴⁰ Singapore has been testing all residents and staff of care homes and has seen just a few clusters of outbreaks as well.⁴¹ In Japan, some outbreaks have occurred with high mortality within select residential care facilities, but the spread appears limited.⁴² Reporting from Japan shows that retaining and supporting paid caregivers has been a challenge as the role is high risk.⁴³ In LMICs in the region, there is concern that the lack of regulation of residential care facilities may be limiting protection of residents, contact tracing and reporting of COVID-19 cases.⁴⁴

People with care needs and their family carers in LMICs are largely under the radar of government COVID-19 support, despite having the highest risks. Country reports on long-term care and COVID-19 from India and Indonesia reflect the situation for most LMICs: limited coordination and lacking formal long-term care systems; limited availability of data on prevalence of care needs; near-total reliance on family carers without government support; and growing numbers of residential care facilities and housing for seniors, but largely unregulated and with limited quality management or reporting.^{45 46} All of this predates the COVID-19 crisis, but as the crisis exposes cracks in every system, these concerns have raised questions about the sustainability of current largely uncoordinated systems of long-term care. Coverage of community or home-based care services in LMICs is quite small, but where it exists, as in the Intergenerational Self-Help Clubs in Vietnam,⁴⁷ there have been restrictions in services in an attempt to reduce risk of infection. Beyond disruption of services, social distancing measures certainly disrupt informal networks of care support, for both those with care needs and family carers, adding to the strain caused by the pandemic.



Income security

Even before the pandemic, many older people lived in struggling households. Older people's income security in Asia Pacific rests particularly on work, family support and pensions. Patterns are comparable across the region: for example, see the figure below. While few older people live in extreme poverty in Asia and the Pacific – living below a USD 1.90 a day – around 12 per cent of older people in South Asia are destitute.⁴⁸ In Vietnam, for example, about a quarter of older people live in

³⁷ [Socio-demographic patterns of disability among older adult populations of low-income and middle-income countries: results from World Health Survey](#). International Journal of Public Health, 4 November 2015

³⁸ [Rapid Assessment of the Socio-economic impact of COVID-19 on persons with disabilities in Viet Nam](#). UNDP, 11 May 2020.

³⁹ [COVID-19 response: Considerations for Children and Adults with Disabilities](#). UNICEF, 8 April 2020.

⁴⁰ [Updated Report on South Korea with new data on COVID-19 deaths linked to care homes](#). LTCCOVID.org, 7 May 2020.

⁴¹ [73 year old Singaporean man dies of COVID-19](#). Straits Times, 21 May 2020.

⁴² [Japan's care sector protects quality of life for the country's elderly population](#). Equal Times, 25 May 2020.

⁴³ [In Japan's elder care homes, coronavirus tests limits of overstretched staff](#). Reuters, 12 May 2020.

⁴⁴ [Care homes and coronavirus in Thailand: How long can they remain unscathed?](#) Siriphan Sasat, Peter Lloyd-Sherlock et al. Corona-older.com, 14 May 2020.

⁴⁵ [The COVID-19 Long-Term Care Situation in India](#). LTCCOVID.org, last updated 30 May 2020.

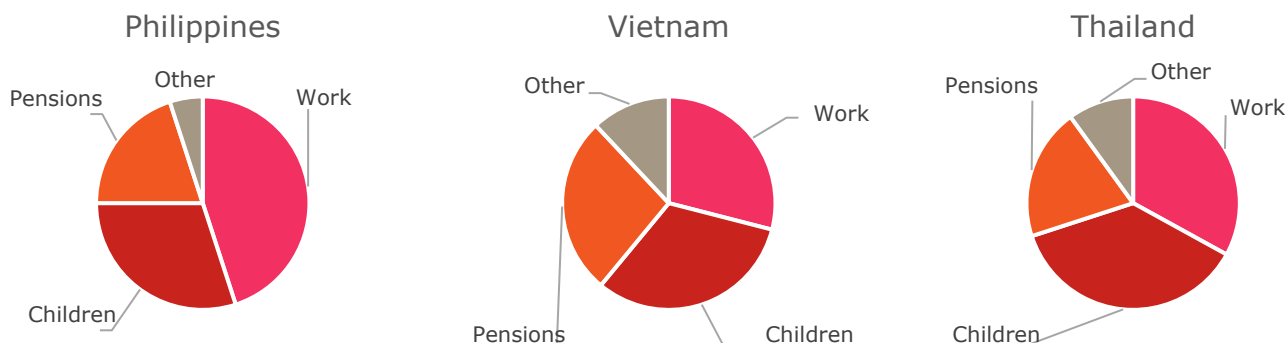
⁴⁶ [The COVID-19 Long-term Care Situation in Indonesia](#). LTCCOVID.org, last updated 30 May 2020.

⁴⁷ See Vietnam analytical brief attached to this report.

⁴⁸ [Gender Differences in Poverty and Household Composition through the Life-cycle](#). World Bank, 2018.

poor households.⁴⁹ In Myanmar, around 10 per cent of older people report that their household monthly income is no more than 25,000 kyat (less than \$1 a day) and just over 60 per cent live in households with income below USD 3 per day.⁵⁰ In a 2018 representative survey of older people in Pakistan, 46 per cent of older women and 38 per cent of older men said that they had required support to meet their basic needs in the preceding twelve months.⁵¹

Main sources of income security in older age in selected Asian countries



Source: HelpAge International (2016)⁵²

Loss of working hours, jobs and salary reductions caused by the pandemic impact older people directly and indirectly. The impact on older people's income is a result both of reduced income from work and reduced support from family members. Before the pandemic, in East Asia, 22 per cent of older people aged 65 and older were working, as were 30 per cent of older people in South Asia and the Pacific.⁵³ Older men were about twice as likely to have paid work as older women. In low-income countries (LICs), more than half of older men and around 30 per cent of older women continue to be economically active.⁵⁴ Interviews with key informants in Vietnam revealed that older people, especially those without a pension and working in the informal economy, are seeing their incomes decline significantly as a result of the crisis. In Myanmar, a survey of micro, small and medium enterprises conducted in early April 2020 found that 54 per cent of respondents had lost their livelihoods,⁵⁵ and as of 28 April 2020, 60,000 textile workers had their employment stopped.⁵⁶ In Pakistan, the government is projecting that around 18 million people will lose their jobs due to the pandemic.⁵⁷ Reports of increasing challenges of older people's community groups in Myanmar in collecting membership fees, fundraising for activities, as well as their members' difficulties in repaying loans, are early signs that older people's income are starting to be negatively affected by the crisis. Many older people who are reliant on paid work and support from working family members will likely see their incomes reduced.⁵⁸

Older people in Asia Pacific work mainly in the informal sector, which provides little protection against income shocks and is being hit particularly hard by COVID-19. In the region, 86 per cent of older people's (65+) work takes place in the informal economy, rising to 98 per cent in South Asia.⁵⁹ Informal employment tends to provide lower and more irregular incomes.⁶⁰ For many in the informal economy, no work means no income. Furthermore, informal businesses are often excluded from crisis-related short-term financial assistance programmes for businesses.⁶¹ Finally, informal employment does not provide social protection or health and safety benefits at the workplace.

⁴⁹ 2017 report to VNCA annual report. GSO, 2017.

⁵⁰ [Aging in Myanmar](#). The Gerontologist, 2017.

⁵¹ [Moving from the Margins - Promoting and protecting the rights of older persons in Pakistan](#). British Council, 2018.

⁵² [Work, family and social protection in Asia](#). HelpAge International, 2016.

⁵³ [Labour force participation rate by sex and age](#). International Labour Organization, 2018.

⁵⁴ Ibid.

⁵⁵ [Early Employment impacts of COVID-19 in Myanmar](#). ONOW, April 7, 2020.

⁵⁶ [Myanmar: COVID-19 leaves over 60,000 jobless; workers in 105 factories remain unpaid](#). Business & Human Rights Resource Centre, May 10, 2020.

⁵⁷ [Lockdown may render 18 million jobless in Pakistan](#), says Asad Umar. The Express Tribune, 2 May 2020.

⁵⁸ See Pakistan, Vietnam and Myanmar analytical briefs attached to this report.

⁵⁹ [Women and men in the informal economy: A statistical picture](#). ILO (2018).

⁶⁰ [The Informal Economy: Definitions, Theories and Policies](#). WIEGO (2012).

⁶¹ [COVID-19 crisis and the informal economy Immediate responses and policy challenges](#). ILO, May 2020.

Even before COVID-19, workers in the informal economy had higher exposure to occupational health and safety risks, little protection, and an increased likelihood of suffering from illness, accident or death.⁶² COVID-19 adds to these vulnerabilities, especially as it is difficult to perform many informal jobs while respecting physical distancing.

Family support is important but often inadequate and likely be put under further pressure.

In Asia Pacific LMICs, the majority of older people live with, or close to, other family members. For instance, in Bangladesh, Nepal, Philippines, Thailand and Vietnam between 55 and 80 percent of older people live with at least one child. Intra-family transfers of cash or goods are common, with 79 per cent of older people in Thailand and 67 per cent in Vietnam receiving income support from family.⁶³ In Myanmar, a 2012 survey found that adult children are the most common source of material support for older people. Interestingly, this support goes both ways: the same study found that 20 per cent of older people living with their children had loaned their children money.⁶⁴ However, high levels of poverty and economic vulnerability faced by the population as a whole mean many families have limited resources to share. While the data on sources of income shows the relative importance of support received from families, it also consistently points to the insufficiency of this support.⁶⁵ While there is not yet data on the impacts of COVID-19 on informal support systems, severe economic challenges faced by many families could lead to reductions in support to older people. An early indication of this might be remittances from family members working abroad, which are a crucial element of informal support systems in Asia and the Pacific. Remittances are projected to decline by 22 per cent in South Asia and 13 per cent in East Asia and the Pacific.⁶⁶

Pension coverage remains limited, and benefits are low. Countries in Asia without universal or near-universal social pensions struggle to expand pension coverage beyond civil servants and often small formal private sector employees. For instance, in Pakistan, it is estimated that only 2.75 million people, or about a quarter of the population aged 60 and over, receives a pension. Of these, 90 per cent are retired civil servants and military personnel, and coverage outside the public sector is less than 3 per cent.⁶⁷ Where social pensions exist, they often have low values. (Social pensions are tax-funded, non-contributory cash transfers.) According to HelpAge International's PensionWatch data, the average social pension in Asia has a transfer value of only 12 per cent of citizens' average income (per capita GDP), ranging from around 2 per cent in China and India, to below 4 per cent in Thailand, and to the 30s in Nepal, Kiribati and New Zealand.⁶⁸

Losses in income from all sources are expected to push millions more older people into poverty. As noted above, older people rely heavily on their own work earnings, support from their families and pensions to maintain income security. The first two sources are under serious threat, and the third is insufficient to fill the gaps. Economic downturn in each country is already leading to job losses of older people and their family members, and to declining income for informal work and family businesses. For example, in a nationally representative survey conducted in April 2020 in Pakistan, close to 30 per cent of older people (50+) reported needing to borrow food, seeking support from friends or relatives, or relying on their savings to be able to meet their household's basic needs, a higher percentage than younger people.⁶⁹ Some governments are now using social protection systems to respond to the damage from COVID-19, as discussed below. However, given the limited coverage and low benefit levels of pension systems in LMIC in Asia Pacific, and the challenges of reaching all older people in need with cash transfers (some one-off only), it is clear that older people's income security will be under threat for the foreseeable future.



Social issues

Many of the social risks older people face during the pandemic have not been well documented yet in Asia. After the initial outbreak in China, the global COVID-19 narrative largely played out in Western countries. That the world's pandemic story so far is dominated by Europe and the United States is not surprising: those countries had the largest number of cases, strong research

⁶² Ibid.

⁶³ [Work, family and social protection in Asia](#). HelpAge International, 2016.

⁶⁴ [Aging in Myanmar](#). The Gerontologist, 2017.

⁶⁵ [Work, family and social protection in Asia](#). HelpAge International, 2016.

⁶⁶ [World Bank Predicts Sharpest Decline of Remittances in Recent History](#). World Bank, 22 April 2020.

⁶⁷ Ibid.

⁶⁸ [Social pensions database](#). HelpAge International (n.d.).

⁶⁹ See Pakistan analytical brief attached to this report.

capacity, vocal media, and older populations with substantial voice and political power. The Western narrative on social impacts of the pandemic may need to be closely interrogated to understand the situation in Asia. Yet compared to health care services or employment, for example, hard evidence on social issues such as abuse, isolation, and discrimination is harder to document and slower to emerge.

Many Western countries have different living arrangements compared to those of Asia, and those differences affect the course of the pandemic and the situation of older persons. Two related differences in Asian contexts are worth highlighting: the greater likelihood of older people living in larger households, and the lower likelihood of them living in residential care homes.⁷⁰ The average person of any age in Asia lives in a household of 5 people, compared to just over 3 people in North America (3.3) and Europe (3.1), according to Pew Research figures. In the U.S. and Europe, about 3 in 10 people aged 60 and older live alone. Among Asian LMICs, the figures are much lower. For instance, 4 per cent of older people live alone in India and Bangladesh. Even in the Asian HICs, living alone tends to be significantly less common than in the West.⁷¹ Historical patterns of living arrangements are changing quickly but key features persist. In Thailand, for example, over 60 per cent of older people live in multigenerational households, although living in households of three or more generations decreased from 47 per cent in 1994 to 28 per cent in 2017.⁷² Particularly in Asian LMICs, living in a residential care home is still relatively uncommon.

Globally, social isolation has been flagged as one of the key risks facing older people in the pandemic, but incidence may have been more variable in Asia than in the West. The evidence so far is mostly anecdotal. For many older people who live in extended families, the lockdown may have resulted in fewer social interactions outside the home but more frequent interactions among the family. In many places, adult children returned from the city after losing their jobs, and grandchildren stayed at home all day when schools were closed. Even if surrounded by extended family, many older people have felt cut off from community activities, religious events, and interactions with their peers and other adults outside the home.⁷³ And for many older people not living in extended families, lockdowns and distancing rules increased social isolation, as in other parts of the world. This includes older people living alone, as a couple or in a residential facility. For example, nursing homes in Hong Kong, cautious because of their past SARS experience, banned visitors altogether. Such practices effectively shut out the outside world, while socialising within care homes was also restricted. With its strict measures, Hong Kong avoided even a single case of infection among care homes, but not without social cost.⁷⁴ In countries such as Vietnam where the restrictions were relatively short lived, the impacts on older people appeared to have been less severe.⁷⁵

Lockdown at home may also raise risks of violence, abuse and neglect against older people, but cases are notoriously difficult to document and most of the discussion so far has been about younger groups. Past evidence, including the 2014–2016 Ebola crisis in West Africa, shows that violence and exploitation tend to increase during pandemics, particularly violence against women. Statistics already indicate that the COVID-19 pandemic has caused a rise in domestic violence around the world, although the situation of older people in particular is less clear.⁷⁶ For example, among all ages, calls to domestic abuse helplines in Singapore rose by approximately a third. In China, domestic violence cases were reported to have increased sharply during the quarantine.⁷⁷

Care duties globally are generally carried out by women, and the related workloads and risks tend to rise during pandemics.⁷⁸ As noted above, this includes informal care at home. Sometimes sudden changes in living arrangements arising from employment disruptions and school closures have intensified the challenge, at least temporarily. Initial reporting on survey data from six countries in Asia conducted by UN Women found that women are taking on more unpaid work and

⁷⁰ [The COVID-19 Riddle: Why Does the Virus Wallop Some Places and Spare Others?](#) New York Times, 3 May 2020.

⁷¹ [Older people are more likely to live alone in the U.S. than elsewhere in the world.](#) Pew Research Center, 10 March 2020.

⁷² Thailand's Older Persons and Their Well-being: An Update based on the 2017 Survey of Older Persons in Thailand. Bussarawan Teerawichitchainan, Wiraporn Pothisiri, John Knodel and Vipan Prachuebmo. Printed by HelpAge International, April 2019.

⁷³ Webinar: Older persons, communities and COVID-19. HelpAge International, ESCAP, UNFPA, JAGES and AGAC, 4 June 2020.

⁷⁴ [How Hong Kong avoided a single coronavirus death in care homes.](#) Independent, 26 May 2020.

⁷⁵ See Vietnam analytical brief attached to this report.

⁷⁶ ['Lessons never learned' — How COVID-19 affects domestic violence rates.](#) Medical News Today, 24 April 2020.

⁷⁷ [COVID-19 and the rise of gender-based violence.](#) IPPF, 22 April 2020; [A Guide for action to stem increasing violence against women amid the COVID-19 pandemic in Asia and the Pacific.](#) UN Women, accessed 8 June 2020.

⁷⁸ ['Lessons never learned' — How COVID-19 affects domestic violence rates.](#) Medical News Today, 24 April 2020.

reporting greater impacts on mental health and psychosocial wellbeing.⁷⁹ Care for older people themselves is also typically undertaken by women.⁸⁰ This includes not only younger women but older women including spouses. Again, the COVID-19 evidence specifically related to older women is so far limited and under-reported.

Age discrimination and ageism arising during the pandemic have been documented in Western countries, but their manifestations in Asia need to be understood better. In Europe and the US, discrimination was publicly highlighted in the unequal access to medical resources (including triage decisions), neglect of residential care homes, and the casual or even aggressive ageism expressed in the media and by public figures.⁸¹ In general, such issues may prove to be less salient in Asia. Compared to the West, so far there is less evidence from Asia of discrimination in access to health care facilities and equipment such as ventilators. Healthcare systems in countries such as Japan and Korea are well equipped⁸² and appear to have handled the surge in cases. Most LMICs have not been as severely tested thus far. Countries with a high number of cases and relatively weak health systems, such as India,⁸³ may need further examination in future reports. Infection in care homes has not been a high-profile issue in most of Asia, given the relatively small shares of the populations living in residential centers. So far, data on the situation in LMIC care homes is generally limited.⁸⁴

The very explicit displays of ageism presented in the Western press during the pandemic have been not widely reported in Asia, and more subtle forms of ageism may be more likely. Harsh language against the elder population may generally be less socially acceptable in the East than the West. Reflecting the stereotype, there is some evidence that many Asian countries have “more positive perceptions towards older people” while many Western societies report “a certain level of ‘age aversion’”.⁸⁵ Instead, manifestations of ageism in Asia may be more likely to arise from blanket perceptions of older people, defined by chronological age, as a “vulnerable group” that needs special, rather paternalistic protection. The media and public figures may reinforce the “decline narrative” – that people above a certain age are invariably helpless, frail, and unable to contribute to society.⁸⁶

Perhaps the most widely discussed issue related to age discrimination in Asia has been the selective restriction of movement on older people in some countries. One prominent case has been in the Philippines. National guidelines applying to certain locations stated that:

Any person below twenty-one (21) years old, those who are sixty (60) years old and above, those with immunodeficiency, comorbidities, or other health risks, and pregnant women, including any person who resides with the aforementioned, shall be required to remain in their residences at all times, except when indispensable under the circumstances for obtaining essential goods and services or for work in permitted industries and offices or other such activities permitted....⁸⁷

These guidelines generated some protest among older people in the Philippines, and an even more restrictive earlier draft was revised. (Protesters were quick to note that President Rodrigo Duterte is a senior citizen himself.)⁸⁸ India’s Ministry of Home Affairs issued a somewhat similar national order:

Persons above 65 years of age, persons with co-morbidities, pregnant women, and children below the age of 10 years, shall stay at home, except for essential and health purposes.⁸⁹

In both cases, note that the restrictions applied to other groups in addition to older persons, and they allow for rather vague exceptions.

⁷⁹ [Surveys show that COVID-19 has a gendered impact in Asia and the Pacific](#). UN Women, 29 April 2020.

⁸⁰ [The first 100 days of COVID-19 in Asia and the Pacific: A gender lens](#). UN Women, 2020.

⁸¹ [The pandemic exposed a painful truth: America doesn't care about old people](#). Washington Post, 8 May 2020.

⁸² [How well equipped is Korea's healthcare system compared to other countries?](#) Visualizing Korea, March 29, 2020.

⁸³ [Patients share beds as coronavirus cases overwhelm Mumbai's hospitals](#). Guardian, 29 May 2020.

⁸⁴ For example, there are no published data on the number COVID-19 cases and deaths linked to users of long-term care in Indonesia. [The COVID-19 Long-Term Care Situation in Indonesia](#). International Long Term Care Policy Network, 30 May 2020.

⁸⁵ [The COVID-19 crisis reveals how much we value old age](#). LSE US Centre, accessed 29 May 2020.

⁸⁶ [Will COVID-19 Make The Decline Narrative Of Aging Worse?](#) Forbes, 8 May 2020.

⁸⁷ [Omnibus Guidelines on the Implementation of the Enhanced Community Quarantine](#). [Philippines] Inter-Agency Task Force on Emerging Infectious Diseases, 15 May 2020.

⁸⁸ [Coronavirus: elderly backlash forces Philippines to rethink quarantine exit plan](#). South China Morning Post, 1 May 2020.

⁸⁹ [Order No. 40-3/2020-DM-I\(A\)](#). Ministry of Home Affairs of India, 17 May 2020.

Restrictions on older people, based on the sole criterion of chronological age, are being debated beyond Asia. The UK and EU countries have adopted strategies of “shielding” certain vulnerable groups including older people by restricting their movements.⁹⁰ Both the fairness and the effectiveness of shielding are still being debated. Some see shielding as discriminatory and an erosion of the rights and dignity of older people.⁹¹ Particularly where extended family households are more dominant, as in parts of Asia⁹², others have questioned the value of shielding. That is, “higher contact between younger individuals and the elderly (the most at risk from COVID-19) will limit the effectiveness of strategies aimed at shielding this vulnerable demographic in the home.”⁹³

The spread of COVID-19 among refugees and internally displaced persons has been less extensive than feared, so far, though serious risks remain. Of particular concern has been the Rohingya refugee camps in Bangladesh, which are characterised by crowded living conditions and limited health care capacity. Modeling by academics from the Johns Hopkins Bloomberg School of Public Health projected that nearly the entire refugee population could be infected within 12 months if no effective interventions were put into place.⁹⁴ Amnesty International’s assessments suggest that older people’s voices in these camps are not being heard, and that they have little access to information.⁹⁵ The first death in the Rohingya camps was recorded on 31 May.⁹⁶ In neighbouring Myanmar also, older people’s experience of COVID-19 must be understood within the wider context of ongoing conflict and displacement. Older internally displaced people in Myanmar’s Rakhine State live far from water sources, and available toilets and bathing facilities are rarely adapted to their needs. This makes it difficult for older people to prevent the spread of COVID-19, for example through regular hand washing.⁹⁷



3. Responses addressing the older population

Responses to the challenges older people face as a result of the pandemic and its aftermath come from a number of sources. Despite the current higher global profile of older people because of their risk from COVID-19, responses directly targeted at older people have been limited. A broad regional overview of emerging responses in Asia Pacific is presented below, grouped by five main types of actors: (1) national governments, particularly in relation to health care and social protection, (2) multilateral and bilateral bodies funding governments, (3) UN bodies, (4) civil society organisations and (5) the private sector.

It should be noted that, particularly in the absence of robust external assistance, the most substantial support for many older people comes from families, friends, neighbors, religious and civic organisations and communities. There have been reports that the experience of the pandemic has boosted community spirit and encouraged mutual assistance.⁹⁸

⁹⁰ [The problem with 'shielding' people from coronavirus? It's almost impossible.](#) Guardian, 29 May 2020.

⁹¹ [Rights Risks to Older People in COVID-19 Response.](#) Human Rights Watch, 12 April 2020.

⁹² [National age and co-residence patterns shape COVID-19 vulnerability.](#) MedRxiv, 16 May 2020.

⁹³ [Equity in response to the COVID-19 pandemic: an assessment of the direct and indirect impacts on disadvantaged and vulnerable populations in low-and lower middle-income countries.](#) Imperial College COVID-19 response team, 12 May 2020.

⁹⁴ [The Potential Impact of COVID-19 in Refugee Camps in Bangladesh and Beyond: a modeling study.](#) medRxiv, 20 May 2020.

⁹⁵ [Bangladesh: COVID-19 response flaws put older Rohingya refugees in imminent danger.](#) Amnesty International, 6 April 2020.

⁹⁶ [First Rohingya Dies From Coronavirus in Bangladesh.](#) New York Times, 2 June 2020.

⁹⁷ See Myanmar analytical brief attached to this report.

⁹⁸ Covid gives boost to nationalism, community. Bangkok Post, 12 June 2020.

Government

Health/care

Countries' ministries of health have worked hard to limit the spread of COVID-19, although some are better positioned than others. As the age group with the highest fatality rates from COVID-19, older people have benefited most when health systems are strong. The 2019 Global Health Security Index which ranked countries in terms of preparedness for epidemics or pandemics reported only South Korea and Thailand from Asia Pacific as "most prepared" and recognised that no country in the world was fully prepared.⁹⁹ Given the lack of preparation, response to the pandemic has largely been reactive rather than proactive. Countries with universal health coverage have fared better overall, in part because of their citizens can more easily access health care, including testing and treatment for COVID-19 in basic health service packages. South Korea, for example, provides testing and treatment free of charge and gives a subsidy to those who have to be isolated or hospitalised.¹⁰⁰ Only a handful of LMICs in the region have universal health care systems. Samoa has just instated universal health care during the COVID-19 response and joins Bhutan, China, Georgia, Maldives, Sri Lanka and Thailand.^{101,102} Those with well-resourced ministries of health and previous experience from SARS and MERS such as Singapore, Korea, and Japan have fared better than HICs in other regions. Some MICs have been punching above their weight. Vietnam and Kerala State in India have been lauded for leveraging quick and efficient public health systems to limit the spread of COVID on limited budgets.¹⁰³

Older people have been specifically targeted with public health information on COVID-19.

Particularly because older people are recognised to be at highest risk of severe complications from COVID-19, governments have specifically aimed to reach older people with information about prevention, protection and where to go if symptoms occur. In Myanmar, for example, cash payments have been accompanied by safety information for older people as to how they can prepare for the spread of the virus.¹⁰⁴ The reach is incomplete in part because of lower use of technology, lower literacy rates and higher rates of disability among older people.

Countries with established long-term care systems are working to protect older people in residential and home and community-based settings. Visitors to care homes in Japan, Korea and Singapore have been largely prohibited, and heightened protection measures put in place. In Singapore, widespread testing of residents and staff at all care homes has been undertaken every two weeks since early May, preventing the wildfire spread seen in many North America and European care homes.¹⁰⁵ Singapore's community centres have been closed, but an existing network of volunteers is checking on 20,000 older people with weak family support.¹⁰⁶ Thailand, leading the way for long-term care among MICs in the region, has leveraged over one million Village Health Volunteers (VHVs) to share information, test and conduct contact tracing, with a focus on homes with people with disabilities, bedridden persons and older people.¹⁰⁷

Some ministries of health have made concerted efforts to continue services or to add new ones using online, telephone, radio and television based efforts. All the HICs in this region to an extent have used helplines, online prescriptions and telehealth consultations. MICs including Vietnam and Indonesia have also introduced these measures in some cases, but it is much more difficult to have strong uptake of a newly launched service than to expand existing services which the population is already using.^{108,109} Eventually telehealth and telemedicine may contribute to reducing health inequity, particularly for people living in rural and remote areas and people who have difficulty reaching services due to disability or other reason. But at the moment, the uptick in telehealth seems to be mainly benefiting those with private health insurance or means to pay out of pocket, as public

⁹⁹ [2019 Global Health Security Index](#). October 2019.

¹⁰⁰ [Beyond Containment: Health Systems Response to COVID-19 in the OECD](#). OECD, 16 April 2020.

¹⁰¹ Ibid.

¹⁰² [The Impact of Policy Responses for COVID-19 in Asia and the Pacific](#). UNESCAP, 26 March 2020.

¹⁰³ [Vietnam and the Indian state of Kerala Curbed COVID-19 on the cheap](#). The Economist, 9 May 2020.

¹⁰⁴ See Myanmar analytical brief attached to this report.

¹⁰⁵ [Testing for COVID-19 begins for all residents and staff at homes for elderly](#). Straits Times, 9 May 2020.

¹⁰⁶ [Support Measures for Seniors during COVID-19](#). MOH Singapore, 8 May 2020.

¹⁰⁷ [Volunteers on the frontline](#). Bangkok Post, 20 April 2020.

¹⁰⁸ [Hands-free healthcare](#). Bangkok Post, 1 June 2020.

¹⁰⁹ [Vietnam: Deployment of Telemedicine Program during the COVID-19 Pandemic Period](#). Baker MacKenzie, 27 April 2020.

health care systems in LMICs are not yet providing these services. Users also need good access and knowledge of the internet.¹¹⁰

Social protection

Governments across the world have rushed to adapt, expand and strengthen national social protection systems in response to COVID-19. As of 22 May 2020, 190 countries and territories have increased existing benefits, for instance by providing extra or higher social assistance transfers; scaled-up coverage through new schemes or expansions of existing ones; or adapted implementation systems to reduce risk for infection and improve access.¹¹¹ These protections target various segments of the population in addition to older people. Total spending on COVID-19 related social protection is high, but less so in low-income countries. While HICs are doing “whatever it takes” and spend, on average, 5.6 per cent of GDP to rescue their economies and support their citizens, LMICs in Asia are implementing much more modest fiscal stimulus programmes, ranging between 0.02 to 0.8 per cent of GDP.¹¹²

Cash is king in the global social protection response. About 60 per cent of all social protection responses are non-contributory social assistance programmes, and about half of those are cash transfers. In most countries, these cash transfers are temporary, with durations ranging from 1 to 6 months and with an average of 2.9 months. While relatively short in duration, the size of these cash transfers is relatively generous. They account for an average 25 per cent of monthly GDP per capita in respective countries and, on average, transfer levels have more than doubled compared to average pre-COVID amounts.¹¹³ In East Asia and the Pacific (EAP) cash transfers make up 57 per cent of the total social assistance response, and only 16 per cent is provided in-kind. In South Asia (SAR), cash transfers make up only 44 per cent of total social assistance, with 33 per cent of being in-kind.¹¹⁴

Asian social protection responses have so far largely been based on existing poverty-targeted social assistance schemes and poverty registries. While the reliance on existing schemes and databases allowed quick responses, it should be noted that the targeting effectiveness of these systems is weak, often excluding over half of the poorest members of society. Further, a high proportion of those most affected by the crisis are families on middle, but still low, incomes who are often unable to access social assistance¹¹⁵. However, some Asian countries have put in place larger responses. For example, the Philippines is providing a transfer aimed at the 75 per cent of the poorest households across the country. Sri Lanka’s response is reaching almost 70 per cent of households, while Timor-Leste is planning an almost universal transfer to households.¹¹⁶

While older people are hardest hit by the pandemic, they are not a priority in the global social protection response. Of the 1,092 social protection measures introduced globally, only 6 per cent focus explicitly on older people. Furthermore, many reforms to pension schemes during COVID-19 do not increase benefits provided. Of the 71 adaptations to pension schemes in 50 countries, only 16 increase the benefit level. The remainder include advance payment of monthly pensions (15); deferring, reducing or waiving of social security contributions (11), which helps firms to reduce costs but does nothing to improve older people’s income; and improvements in delivery mechanisms and access (10).¹¹⁷

Despite being the fastest ageing continent, Asia and Pacific lags behind in terms of focusing on older people. Of the 50 countries that have adapted pension systems during this crisis, only 8 are in Asia and the Pacific.¹¹⁸ In the region, only Samoa has introduced a new social protection benefit specifically for older people. Australia, Hong Kong, India, Malaysia, Singapore and Myanmar have used existing pension systems to provide additional support to older people by increasing pension amounts. Bangladesh, Sri Lanka and Samoa have expanded the coverage of non-contributory social pensions and also advanced pension payments.¹¹⁹

¹¹² COVID-19 We're Tracking Digital Responses Worldwide: Here's What We See. World Bank. 5 May 2020.

¹¹¹ [Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures](#). World Bank & UNICEF, 22 May 2020.

¹¹² Addressing the COVID-19 economic crisis in Asia through social protection. UNDP & Development Pathways, May 2020.

¹¹³ Ibid.

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

¹¹⁷ [Social protection responses to COVID-19 around the world](#). ILO, updated 2 June 2020.

¹¹⁸ Ibid.

¹¹⁹ [Responding to COVID-19 with improved social protection for older people](#). HelpAge International, 22 May 2020.

Government social protection responses to COVID-19 specifically targeting older people in Asia (22 May 2020)

<i>Temporary or permanent increases in pension transfers</i>	<i>New social pensions or expanded coverage</i>	<i>Advancing of pensions payments</i>	<i>Allowing premature access to pension savings</i>	<i>Social assistance explicitly recognising older people (excluding social pensions)</i>
Australia, Hong Kong, India, Malaysia, Singapore, Myanmar	Bangladesh, Sri Lanka, Samoa	Australia, Fiji, Samoa	Australia, Fiji, India, Malaysia, Samoa	Malaysia, Nepal, Russia, Philippines

Source: HelpAge International¹²⁰

Responses in the region have focused less on groups of people throughout the lifecycle, but rather on broad social assistance to workers and vulnerable populations. Given the limited focus on designing specific social protection responses for older people, the inclusion of older people in mainstream social assistance programmes is paramount. In some countries, such as Malaysia, Nepal, Russia and the Philippines, social assistance schemes mention older people specifically as a target group. In other countries, emergency social assistance schemes are theoretically open all who meet specific requirements, such as being in poverty or having lost work due to the crisis. For example, Thailand's benefit for struggling informal workers¹²¹ should be open to adults of all ages. However, initial evidence suggests that older people are sometimes unable to access the general social assistance schemes.

Pakistan is a prominent example of a large-scale cash transfer for poor households facing challenges in ensuring the inclusion of older people. The Government of Pakistan is providing a one-time cash transfer of \$80 to 12 million households experiencing economic hardship during COVID-19, through the Ehsaas Emergency Cash Transfer.¹²² The programme establishes eligibility through the National Socioeconomic Database, a database of poor people. Older people are included if their households are eligible and enrolled. In April 2020, HelpAge International carried out a review of older people's inclusion and access in the programme. The review found that many older people were unaware of the programme, struggled with the digital enrolment processes, could not afford costs associated with enrolment (text message fees), and faced mobility challenges in accessing the cash points, especially older people with disabilities.¹²³

Vietnam faces similar challenges as Pakistan with reaching vulnerable people not already registered in social protection schemes. In response to the crisis, the Government of Vietnam put together a 62 trillion VND (USD 2.66 billion) relief package, which includes support to various population groups that have been particularly affected, including poor and vulnerable households, existing social pension beneficiaries, revolutionary contributors and informal workers. Excluding informal workers, HelpAge estimates that at least 3.5 million older people will benefit from these support measures (1.8 million pensioners, 1.3 million older revolutionary contributors and a quarter of the 1.4 million poor households). Recipients can receive only one benefit (highest amount). A challenge Vietnam is facing is the targeting and registration of those in need, especially those in the informal economy who are not already enrolled in existing systems.

Despite having a nascent social protection system, Myanmar is a good example of leveraging existing programmes to provide additional support to vulnerable populations. The Government of Myanmar is committed to maintain payments of the social pension during the pandemic. Furthermore, with financial support from the Livelihoods and Food Security Fund (LIFT), a multi-donor trust fund established in Myanmar in 2009, and technical support from HelpAge, the government will implement a one-off cash transfer of 30,000 MMK (21.45 USD) to all older people enrolled in the country's universal social pension. The transfer will reach an estimated 200,301 older

¹²⁰ [Responding to COVID-19 with improved social protection for older people](#). HelpAge International, 22 May 2020.

¹²¹ [5000 baht per month for "informal" Thai workers](#). The Thaiger, 25 March 2020.

¹²² [Ehsaas Emergency Cash](#). Government of Pakistan (n.d.).

¹²³ [A Review of Inclusion of Older People in Ehsaas Emergency Cash Programme](#). HelpAge International, April 2020.

people.¹²⁴ The government is also planning additional one-off payments with its own funds. Past investments in the pension by the government and partners have enabled this quick response. However, it should be noted that the pension currently has limited coverage and is reported by older people to account for a small proportion of their total income.

The COVID-19 induced economic crisis is also affecting contributory pensions.¹²⁵ The economic decline has led to a sharp drop in returns on financial assets and investments, which has an immediate and direct effect on pensions, in particular on defined contribution pensions. These are pensions, mainly managed by the private sector, that are not based on intergenerational transfers, and do not provide a guaranteed income in older age but rely on individual savings accounts. Defined benefit pension systems, on the other hand, should provide more of a buffer to workers and retirees.

Multilateral and bilateral funding bodies

The multilateral banks' COVID-19 financing will benefit older people through funding for national services such as health care and social assistance. The World Bank will provide up to \$160 billion for health, economic and social shocks over 15 months.¹²⁶ A COVID-19 Fast-Track Facility of \$1.9 billion has already been approved for 25 countries. For example, a \$200 million World Bank project for Pakistan will support preparedness and emergency response in the health sector, social protection measures, food rations, and remote learning education. A \$50 million project aims to help Myanmar increase hospital preparedness and surge capacity. The Asian Development Bank announced a \$20 billion package to respond to the COVID-19 pandemic.¹²⁷ The package includes \$13 billion in new lending and about \$6.2 billion redirected from existing financing. ADB priorities include emergency procurement of medical equipment and supplies, and addressing the mid- to long-term economic impacts of the crisis. From this funding, \$1.5 billion per country has been approved for Indonesia, the Philippines and India, including financing for social protection measures and disease prevention and control and hundreds of millions in loans to countries including Bangladesh, Pakistan, Mongolia, Bhutan and Nepal.¹²⁸ Health-related loans and technical assistance have largely focused on emergency health response to improve testing and treatment for COVID-19, with an emphasis on supplies and equipment, staff and training, and sometimes for health facilities.^{129, 130,131}

Bilateral development assistance indirectly supports older people, although typically, little of it is directly targeted at ageing-related issues. According to DevEx, bilateral donor funding to the region has been led by Japan along with increasing development aid from China, particularly to Southeast Asia.¹³² The bulk of their funding has gone to national governments. Much of the funding aims to support economic relief, health systems and humanitarian assistance.

United Nations bodies

The three key components of UN response to COVID-19 are the Global Humanitarian Response Plan (GHRP);¹³³ WHO's Strategic Preparedness and Response Plan (SPRP);¹³⁴ and the UN Socio-Economic Framework.¹³⁵ These components are global in scope, including Asia. Older people are generally described as one of the most affected groups, particularly by the disease itself. For the GHRP, interventions are planned for such areas as health services, water, sanitation and

¹²⁴ [LIFT and DSW announce USD9 million in COVID-19 cash support to mothers, pregnant women and social pension beneficiaries](#). LIFT, 27 May 2020.

¹²⁵ [Coronavirus fallout hits pensions and ISAs as investors urged not to flinch](#). The Independent, 5 February 2020.

¹²⁶ [World Bank Group's Operational Response to COVID-19 \(coronavirus\) – Projects List](#). World Bank, 29 May 2020.

¹²⁷ [ADB's \\$20 Billion COVID-19 Pandemic Response: Frequently Asked Questions](#). ADB, 20 April 2020.

¹²⁸ [News Releases on COVID-19 Financial Assistance to ADB Member Countries](#). ADB, accessed 10 June 2020.

¹²⁹ [World Bank Group Launches First Operations for COVID-19 Emergency Health Support, Strengthening Developing Countries Responses](#). World Bank. 2 April 2020.

¹³⁰ [ADB Allocates 44 million to Assist Countries Containing COVID](#). ADB, 8 April 2020.

¹³¹ [ADB Approves 1.5 billion USD to Support India's COVID-19 response](#). ADB, 28 April 2020.

¹³² [The bilaterals funding the COVID-19 response in Southeast Asia and Pacific](#). DevEx, 29 May 2020.

¹³³ [Global Humanitarian Response Plan, May Update](#). UNOCHA, May 2020.

¹³⁴ [COVID-19 Strategy Update](#). WHO, 14 April 2020. (includes global strategic objectives and framework for national strategies)

¹³⁵ [A UN framework for the immediate socio-economic response to COVID-19](#). UN, April 2020.

hygiene, education services, risk communication and social cohesion, and food production and consumption. The GHRP appeal was sharply increased from \$2.01 billion to \$6.71 billion in early May. By 20 May the GHRP had received \$1.01 billion, with another \$637 million reported outside the GHRP. The SPRP guides WHO and Member Countries with public health preparation and response actions. It was originally issued for the period February-April 2020 but revised on 14 April. The COVID-19 Solidarity Response Fund supports the health response and had received \$218 million by early June. With the technical lead of UNDP, the UN Socio-Economic Framework covers five streams of work related broadly to health services; social protection; work; macroeconomic and multilateral responses; and social cohesion and community resilience. The framework is financed through the UN COVID-19 Response and Recovery Fund, which aims for US\$2 billion, with US\$1 billion needed in the first nine months.

Given the prominence of older people's issues in the pandemic, various UN agencies have issued documents related to older people and COVID-19. The UN's most prominent statement on older people has been the brief issued by the Secretary General on 1 May 2020: "Policy Brief: The Impact of COVID-19 on Older Persons".¹³⁶ The brief set out four priorities for action: (1) Ensure that difficult health-care decisions affecting older people are guided by a commitment to dignity and the right to health; (2) strengthen social inclusion and solidarity during physical distancing; (3) fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19; and (4) expand participation by older persons, share good practices and harness knowledge and data. Under each of these priorities are several solutions/recommendations. UNFPA,¹³⁷ WHO,¹³⁸ UNDESA¹³⁹ and other agencies have also issued statements regarding the situation of older persons or interventions on their behalf. Multiple UN agencies reference older people, although generally not in detail. The Social Protection Interagency Cooperation Board issued a joint statement calling for urgent expansion of social protection as a crucial response to the current crisis.¹⁴⁰

As a part of the International Conference on Population and Development, UNFPA has been supporting older persons globally. The key message in ICPD – the importance of humanity in the context of population issues – has highlighted population ageing as an emerging issue. In light of the COVID-19 pandemic, UNFPA focuses on human rights, health and protection of older persons. Responding to the rights and needs of older persons aligns with one of the accelerators of the UNFPA COVID-19 Global Response Plan, that is, to leave no one behind. A Regional Technical Guidance Note for older persons in the context of COVID-19 was developed and published for the UNFPA Asia-Pacific Regional Office (APRO) and Asia-Pacific Country Offices.¹⁴¹ It provides guidance on older persons, health workers, and caregivers, and enables effective support for each member state and relevant partners in preparing for and responding to the COVID-19 pandemic. UNFPA has several ongoing initiatives in place globally. These include fundraising proposals, need assessments in elderly centers, supporting the development of guidelines for personnel at care centers, and assisting community-based care personnel with infection control, preventive measures, care and referral. UNFPA is also involved in the mobilisation and training of community-based teams and youth volunteers for provision of social care services to older people.

Civil society bodies

The NGO sector as a whole has received very little new money for COVID-19 response.

Anticipated large-scale humanitarian funding for NGOs to address the severe impacts of the pandemic and lockdown has so far failed to materialise. Smaller funding opportunities feeding the NGO sector include corporate initiatives, online fundraising platforms and research grants. Asia-based trusts and foundations provided support during the first wave of the pandemic, particularly to China. Funding for large international NGOs has been in decline after plateauing around 2015, resulting in financial stresses even before the pandemic.¹⁴² Perhaps the hardest hit has been Oxfam. Already struggling from past crises, Oxfam announced in May its plans to close operations in 18 countries including Thailand,

¹³⁶ [Policy Brief: The Impact of COVID-19 on older persons](#). United Nations, May 2020.

¹³⁷ [UNFPA Global Technical Brief: Implications of COVID-19 for Older Persons: Responding to the Pandemic](#). UNFPA, 24 April 2020.

¹³⁸ [Older people & COVID-19](#). WHO, accessed 5 June 2020.

¹³⁹ [COVID-19 and Older Persons: A Defining Moment for an Informed, Inclusive and Targeted Response](#). UNDESA, May 2020.

¹⁴⁰ [A Joint Statement on the Role of Social Protection in Responding to the COVID-19 Pandemic](#). Social Protection Interagency Coordination Board (SPIAC-B), 2 March 2020.

¹⁴¹ [UNFPA regional technical guidance note on older persons](#). UNFPA, 2 April 2020.

¹⁴² [The Existential Funding Challenge for Northern INGOs](#). Barney Tallack, May 2020.

Afghanistan, Sri Lanka, Pakistan and Tajikistan.¹⁴³ International NGOs typically do not separately target older persons in their responses. But older people benefit from support to households and are often categorised as a vulnerable group in operational guidelines.¹⁴⁴ Among UK-based international NGOs responding to COVID-19, for example, 44 per cent say they support older people.¹⁴⁵ The largest set of NGO actors specifically addressing the issues of older people is HelpAge International and its network members across countries in the the region.

Like other international NGOs, HelpAge has seen little new funding to address the impacts of COVID-19 but has reoriented existing programming as possible to address emerging needs.

HelpAge International has country offices in Myanmar, Pakistan and Vietnam and a project office in Bangladesh, which includes a Rohingya refugee response. Their COVID-19 activities include ongoing training and support for community older people's associations; distribution of safety supplies such as soap and face masks; distribution of basic food and non-food supplies; provision of equipment for quarantine centres; awareness raising and campaigns; home care services; psychosocial support to older people in care homes; care home guidelines; and supporting other international NGOs to make their humanitarian responses more age-inclusive and intergenerational.

HelpAge works with a regional network of organisations delivering community responses, assessments and national advocacy.

During March and April, many HelpAge network members were focusing on provision of masks, alcohol hand gel and food rations to older people and their families. These include FOPDEV (Thailand), forOldy (Thailand), HelpAge India, GRAVIS (India), HelpAge Sri Lanka, Vietnam Association of the Elderly, YEL (Indonesia) and COSE (Philippines). Government travel restrictions were a challenge for many, particularly in countries with strict curfews and lockdowns such as the Philippines and India. Despite funding challenges, a few network members successfully organised public fundraising campaigns to continue their COVID-19 response, such as FOPDEV, COSE and HelpAge India. HelpAge and its network members are also carrying out a series of rapid needs assessments of older people, which are expected to be completed by July. These will be carried out in Myanmar, the Philippines, India, Pakistan, Vietnam, Cambodia and Bangladesh.

Much of the frontline response to older people's needs comes from civil society groups in communities. Older people's associations across the region have been able to independently assist older people, even when external actors have not been able to reach communities. The Asia Pacific region has more than 700,000 community-based older people's associations, two-thirds of them in China. Many of the local groups supported by the HelpAge network have been able to reach older people in their communities throughout the pandemic, within the limitations imposed by lockdowns and distancing. For instance, using their own group funds or additional resources, they have provided hygiene-related information and supplies, as well as personal protective equipment for volunteers. This has allowed some activities such as volunteer-based home care to continue, with some modifications. The community groups have also helped the most isolated older people to connect to others via mobile phones and also to access government services including health care. HelpAge has been able to provide some training to community leaders and volunteers using Zoom or other technologies.

Private sector

The private sector is fragmented, but many businesses have been involved in the COVID-19 response. Their engagement has come through the provision of products and services and corporate social responsibility activities, and some are looking ahead towards commercial opportunities arising from the pandemic. Given the diversity and scale of the private sector, it is difficult to generalize. But for example, private providers – large and small – deliver many of the health care services accessed by older people. The private sector has also either sold or donated much of the protective equipment and supplies used during the response.¹⁴⁶ For example, private sector companies in Vietnam such as corporations and banks have contributed substantial financial or in-kind support.¹⁴⁷ Some businesses have given priority to older customers. In light of the new practices that the pandemic has forced on public and private providers, the health care sector is now reflecting on future commercial

¹⁴³ [Oxfam to close in 18 countries and cut 1,500 staff amid coronavirus pressures](#). Guardian, 20 May 2020.

¹⁴⁴ For example: [Community Engagement During COVID-19: A Guide for Community-Facing Staff](#). Oxfam, 27 April 2020.

¹⁴⁵ [NGOs pivot programmes, while critical needs in developing countries go unfunded](#). BOND, 9 June 2020.

¹⁴⁶ [Will the private sector unite to fight COVID-19?](#) DevEx, 13 March 2020.

¹⁴⁷ See Vietnam analytical brief attached to this report.

opportunities.¹⁴⁸ These commercial calculations will be influenced by trends in population ageing, varying by country. It is too early to be precise about future trends in health care provision for older people. But for example, the public and private sectors have intensified interest in expanding telemedicine based on adaptations that proved promising during the pandemic, led by early adopters such as China and Singapore.¹⁴⁹

¹⁴⁸ [Investment Opportunities in China's Healthcare Sector After COVID-19](#). China Briefing, 25 March 2020.

¹⁴⁹ [How COVID-19 is Accelerating Telemedicine Adoption in Asia Pacific](#). Health Advances Blog, 8 May 2020.

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

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